

## CORRESPONDENCE

mouth spread that the emulsion could prevent or moderate accidents or injuries, and in hearings before the National Transportation Safety Committee, hundreds of persons gave personal witness to being saved from injury or death by applying Avocado Emulsion to the dashboards of their cars, boats, airplanes, motorcycles and even skateboards. Many went so far as to remove seat belts entirely from their vehicles, and most said wearing the belts was unnecessary, even if drunk while driving (nothing was heard from any person who had been killed while driving *and* using the product). Testimonials filled the newspapers and magazines, although no actual conclusive data could be discovered. Attorneys general and district attorneys followed the seesaw battle, uncertain whether or whom to prosecute. Civil liberties, free enterprise, the scientific method, democracy, right-to-drive and the status of foreign bank accounts all were at stake.

Finally, the Supreme Court of the United States ruled that Avocado Emulsion was a *food* and *must* be sold in *all* supermarkets. As soon as the product appeared on all the shelves, the public quickly lost interest, and the issue died out.

Thus was the Republic preserved.

RICHARD E. TIRRELL, MD  
San Pablo, California

### Medi-Cal Benefits Out of California

TO THE EDITOR: The California Medicaid program (Medi-Cal) would like to offer the following basic claims information to physicians and medical facilities located outside of California as an aid in obtaining reimbursement for furnishing medical services to California residents eligible for medical assistance.

Benefits are provided for *necessary* out-of-state medical care within the limits of the program only: when an emergency arises out of an accident or illness; when the health of the individual would be endangered if care and services were postponed until the patient returned to California; when it is customary practice in border communities for California residents to use medical resources in adjacent areas outside the state, and when an out-of-state treatment plan has been received,

reviewed and authorized by the State Department of Health *before* the services are provided.

Types of service available are hospital inpatient and outpatient care; physician's services; drugs and medical supplies; X-ray and laboratory studies; ambulance; and prosthetic/orthotic appliances and assistive devices.

All nonemergency out-of-state services require prior authorization. Emergency services are defined as treatments or procedures provided a beneficiary for the alleviation of severe pain or for immediate diagnosis and treatment of unforeseen medical conditions which if not immediately diagnosed and treated would lead to disability or death. Nonemergency services are defined as services that *do not* require immediate attention as defined under emergency services. These services must have authorization from the California Medi-Cal Consultant before billing the fiscal intermediary. Requests for authorization should be directed to: State Department of Health, Office Administrator, Medi-Cal Field Office, 100 Mission, Room 900, San Francisco, CA 94111.

Claims without eligibility documentation for the *exact* month of service being billed *cannot* be paid. Patient's eligibility can be documented with a copy of the Proof of Eligibility (POE) label or copy of the patient's identification card.

Fiscal intermediary provider number application forms are required in order to facilitate timely computer claims processing and reimbursement. Applications may be obtained from the listed intermediaries.

Fiscal intermediaries who provide Medi-Cal billing instructions are:

Medi-Cal Communications, Out-of-State Unit, Blue Cross of Southern California, 4777 Sunset Boulevard, Los Angeles, CA 90027, (213) 666-7280.

MIO Provider Inquiry, Blue Shield of California, P. O. Box 7924, Rincon Annex, San Francisco, CA 94120, (415) 445-5701.

Medi-Cal Out-of-State Unit, Blue Cross of Northern California, 1950 Franklin Street, Oakland, CA 94659, (415) 645-3226.

In communicating the foregoing information, we hope to relieve difficulties that frequently have been encountered by non-California providers when services were administered to Medi-Cal beneficiaries.

JAY A. GOULD, Chief  
Fiscal Intermediary Section  
State of California  
Department of Health  
Sacramento